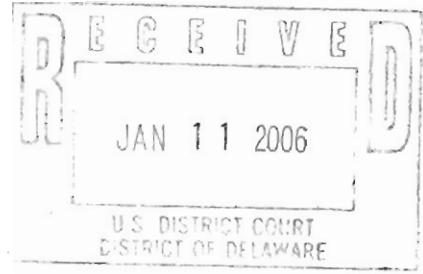


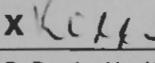
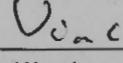
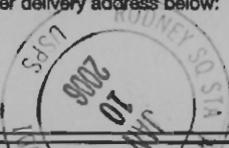
United States District Court  
For the District of Delaware



Acknowledgement of Service Form  
For Service By Return Receipt

Civil Action No. 05-838 KAJ

Attached below is a return receipt card reflecting proof of service upon the named party on the date shown.

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>			
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p><b>A. Signature</b>     <input checked="" type="checkbox"/> Agent      <input type="checkbox"/> Addressee         </p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">B. Received by (<i>Printed Name</i>)</td> <td style="width: 50%;">C. Date of Delivery</td> </tr> </table> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No   </p> <p><b>3. Service Type</b>  <input checked="" type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.         </p> <p><b>4. Restricted Delivery? (Extra Fee)</b> <input type="checkbox"/> Yes</p>		B. Received by ( <i>Printed Name</i> )	C. Date of Delivery
B. Received by ( <i>Printed Name</i> )	C. Date of Delivery				
1. Article Addressed to:  <b>LOREN MEYERS DEPUTY ATTORNEY GENERAL DEPARTMENT OF JUSTICE 820 N. FRENCH STREET WILMINGTON, DE 19801</b>		2. Article Number <small>(Transfer from service label)</small> <b>7002 2030 0003 0326 9908</b>			
PS Form 3811, August 2001		Domestic Return Receipt			
		102595-02-M-1540			